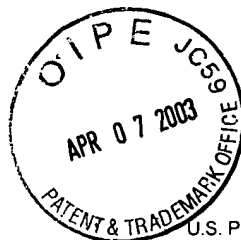


Gp/3683



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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/769,590
	Filing Date	January 25, 2001
	First Named Inventor	Edmund W. Brown
	Group Art Unit	3683
	Examiner Name	Matthew C. Graham
Total Number of Pages in This Submission		Attorney Docket Number 328.002

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		RECEIVED APR 10 2003 GROUP 3600

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Peter C. Stomma, Reg. No. 36,020 Boyle, Fredrickson, Newholm, Stein & Gratz S.C. 250 East Wisconsin Avenue, Suite 1030 Milwaukee, WI 53202
Signature	
Date	4/2/03

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: 4/2/2003

Type or printed name	Christine Kierzek	Date	4/2/2003
Signature			

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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Complete if Known

Application Number 09/769,590
Filing Date 01/25/01
First Named Inventor Edmund W. Brown
Examiner Name M.C. Graham
Group Art Unit 3683
Attorney Docket No. 328.002

TOTAL AMOUNT OF PAYMENT (\$)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Applicant Claims small entity Status. See 37 CFR 1.27

☒ Deposit Account

Deposit Account Number

50-1170

Deposit Account Name

Boyle, Fredrickson, Newholm, Stein & Gratz S.C.

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
101	740	201	370
106	330	206	165
107	510	207	255
108	740	208	370
114	160	214	80

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

			Extra Claims		Fee from below	=	Fee Paid
Total Claims	<input type="text"/>	-20**=	<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
Independent Claims	<input type="text"/>	- 3**=	<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
Multiple Dependent	<input type="text"/>				<input type="text"/>	=	<input type="text"/>

SUBTOTAL (2) (\$)

** or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

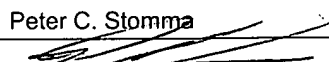
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	400	216	200
117	920	217	460
118	1,440	218	720
128	1,960	228	980
119	320	219	160
120	320	220	160
121	280	221	140
138	1,510	138	1,510
140	110	240	55
141	1,280	241	640
142	1,280	242	640
143	460	243	230
144	620	244	310
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	740	246	370
149	740	249	370
179	740	279	370
169	900	169	900

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Name (Print/Type)	Peter C. Stomma	Registration No. (Attorney/Agent)	36,020	Telephone	(414) 225-9755
Signature				Date	4/2/03

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